



ELEVATOR CONTRACTOR LICENSE APPLICATION FOR AN INDIVIDUAL

State Form 52334 (R / 12-05)
Approved by State Board of Accounts, 2006

Division of Fire & Building Safety

Division of Elevators

402 West Washington Street, W246

Indianapolis, IN 46204

www.in.gov/dhs/fire/branches/mechanical/elevators_amusement.html

fax: (317)232-6609

(317)232-0146

ATTACH ADDITIONAL PAGES AS NEEDED TO COMPLETE THIS APPLICATION

1. APPLICANT INFORMATION

Name:		Title:
Organization Name:	E-mail:	
Work Address:		Telephone Number:
City:	State:	ZIP Code:

2. PROOF OF ELIGIBILITY

The following must be submitted:

- ☐ Proof showing that you have at least five (5) years of documented Indiana work experience in the construction, maintenance, service, and repair of elevators.
- ☐ Documentation showing that you have successfully completed NCPCCI Test 6B Elevator General.

If you hold an elevator contractor license issued by another state, you may be eligible to obtain an Indiana Elevator Contractor License by reciprocity. Contact the Division of Elevators if you are licensed as an Elevator Contractor in another state.

3. PROOF OF INSURANCE

One of the following must be submitted: (*check applicable box*):

- ☐ Certificate of Insurance that complies with the requirements of IC 22-15-5-14.
- ☐ Documentation showing that you are employed as an elevator contractor for the state of Indiana, an Indiana municipality, an Indiana county, or an Indiana educational institution (as defined by IC 20-12-0.5-1).

4. PROOF OF WORKMAN'S COMPENSATION COVERAGE

- ☐ Proof demonstrating that you are covered by worker's compensation under IC 22-3-2-5 must be submitted.

5. CRIMINAL HISTORY

Have you ever been charged or convicted of a crime other than a minor traffic violation?(*check one*):

- ☐ Yes
- ☐ No

If the answer to the above question is yes, the following information needs to be submitted with the application:

- (1) Each address at which you have resided during the past five years.
- (2) A current criminal history from every state in which you have resided during the past five years. In Indiana, and from every state in which you have been charged or convicted of a crime (*other than a minor traffic violation*). A limited criminal history can be obtained from the Indiana State Police (see <http://www.in.gov/isp/lch/>).
- (3) Certified copies of all charging instruments from any case in which you have been charged with a crime. This includes, but is not limited to, any probable cause affidavits.
- (4) Certified copies of any order regarding the final disposition from any in which you have been charged with a crime. This includes, but is not limited to, any plea agreements and sentencing orders.
- (5) If you were ever assessed any periods of probation, a letter detailing your satisfactory completion of all court-imposed requirements from all involved probation officers.
- (6) If you have ever been or/are certified or licensed as an elevator professional in another state and that state has taken an action to revoke, suspend or otherwise limit your certification or license, include copies of all documents detailing the cause of the action and the final disposition of the action.

6. APPLICATION FEE

The application must include payment of the license fee of \$500. If paying by check or money order, make it payable to the Fire and Building Services Fund. If paying by *Visa* or *MasterCard*, complete the Credit Card Payment form:

- ☐ A check or money order for \$500 is enclosed.
- ☐ Payment will be made by *Visa* or *MasterCard* and the Credit Card Payment form has been completed and is enclosed.

7. AFFIRMATION

I hereby affirm under penalty of perjury that all of the information provided with this application is true to the best of my knowledge:

Signature: _____ Date: _____

**ELEVATOR CONTRACTOR LICENSE APPLICATION FOR AN INDIVIDUAL
CREDIT CARD PAYMENT**

The application must include payment of the license fee of \$500. If paying by *Visa* or *MasterCard*, complete the following information:

Full Name on Credit Card: _____	
Billing Address	Street: _____
	City: _____ State _____ ZIP Code _____
	Phone Number: _____
Credit Card (<i>check one</i>): <input type="checkbox"/> <i>Visa</i> <input type="checkbox"/> <i>MasterCard</i>	
Account Number: _____	Expiration Date (<i>month/year</i>): _____ / _____
CVV2 Number (<i>last 3 digits of the number in the signature block on the back of the card</i>): _____	
By signing, Cardmember agrees to the obligations set forth by the Cardmember's Agreement with the issuer.	_____ Signature